

The Metro High School Police Academy

"Partnerships for the Future"



APPLICATION FOR ENROLLMENT IN ACADEMY PLEASE **PRINT** OR **TYPE** ALL INFORMATION



NAME: __ (Middle)



SEX: Male____ Female____ HOME ADDRESS/CITY/ZIP: ZIP CODE



HOME PHONE: WORK/CELL PHONE:



HIGH SCHOOL: _____ CURRENT H.S. GRADE LEVEL: <u>JUNIOR/SENIOR</u>



COLLEGE(S) APPLIED OR ADMITTED TO: _____



DO YOU HAVE ANY KNOWN ALLERGIES? YES NO IF YES, WHAT? YES ____ NO ___ DO YOU CURRENTLY TAKE ANY MEDICATIONS?



Have you ever been arrested for any offense other than a traffic violation? YES NO (If yes, state when, where and describe the circumstances on back of this paper)



_____, hereby authorize the following:



(PRINT FULL NAME)



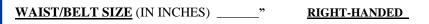
East Grand Rapids Public Safety, Grandville Police, Kentwood Police, Kent County Sheriff's Department, Rockford Public Safety, Walker Police, Michigan State Police, Grand Rapids Police, Grand Rapids Community College Police, Grand Valley State University Police and Wyoming Department of Public Safety to conduct a criminal history record and background check for the purpose of evaluating my application.



SIGNATURE: _____ DATE: ____ (Parent or legal guardian, if applicant is under 17 years of age)



SHORT SIZE S M L XL 2XL 3XL POLO SHIRT SIZE S M L XL 2XL 3XL



EMPLOYER:

IF YES, WHAT?

LEFT HANDED



Deadline for submittal is Friday April 14th, 2017

Forward any questions to your local police jurisdiction, School Resource Officer or Sgt. Brian Look at the Wyoming Department of Public Safety at (616)257-9711 or lookb@wyomingmi.gov